



BILLING CODE: 3410-30-P

DEPARTMENT OF AGRICULTURE

Food and Nutrition Service

Agency Information Collection Activities: Proposed Collection; Comment Request—

Summer Food Service Program

AGENCY: Food and Nutrition Service, USDA.

ACTION: Notice.

SUMMARY: In accordance with the Paperwork Reduction Act of 1995, this notice invites the general public and other public agencies to comment on the Agency's proposed information collection for the Summer Food Service Program. This collection is a revision of a currently approved information collection.

DATES: Written comments must be received on or before [insert date that is 60 days after publication in the Federal Register].

ADDRESSES: Comments are invited on: (1) Whether the proposed collection of information is necessary for the proper performance of the Agency's functions, including whether the information will have practical utility; (2) the accuracy of the Agency's estimate of the proposed information collection burden, including the validity of the methodology and assumptions used; (3) ways to enhance the quality, utility and clarity of the information to be collected; and (4) ways to minimize the burden of the collection of information on those who are to respond, including use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology.

Comments may be sent to Jon Garcia, Program Analysis and Monitoring Branch, Child Nutrition Division, 3101 Park Center Drive, Alexandria, VA 22302. Comments will also be accepted through the Federal eRulemaking Portal. Go to <http://www.regulations.gov>, and follow the online instructions for submitting comments electronically.

All responses to this notice will be summarized and included in the request for Office of Management and Budget (OMB) approval. All comments will also become a matter of public record.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of this information collection should be directed to Jon Garcia, Program Analysis and Monitoring Branch, Child Nutrition Division, 3101 Park Center Drive, Alexandria, VA 22302.

SUPPLEMENTARY INFORMATION:

Title: Information Collection for the Summer Food Service Program (SFSP)

OMB Number: 0584-0280

Form Number: FNS-418

Expiration Date: February 28, 2013

Type of Request: Revision of a currently approved collection

Abstract: SFSP is authorized under section 13 of the Richard B. Russell National School Lunch Act (NSLA) (42 U.S.C. 1761). The SFSP is directed toward children in low-income areas when school is not in session and is operated locally by approved sponsors. Local sponsors may include public or private non-profit school food authorities (SFAs), public or private non-profit residential

summer camps, units of local, municipal, county or State governments, or other private non-profit organizations that develop a special summer program and provide meal service similar to that available to children during the school year under the National School Lunch Program (NSLP) and the School Breakfast Program (SBP). Program operators submit monthly claims using FNS- 418 to its administering agency to receive reimbursement.

This is a revision of a currently approved collection. It revises reporting burden as a result of program changes and corrections to the recordkeeping burden hours. Current OMB inventory for this collection includes only reporting burden and that consists of 182,683 hours. As a result of program changes and reevaluation of existing program tasks, the reporting burden was significantly reduced by 42,693 hours since last renewal. However, as a result of reinstating the recordkeeping burden, this reduction is estimated at 7,291 hours. No substantive revisions have occurred to the form (FNS-418). The average burden per response and the annual burden hours for reporting and recordkeeping are explained below and summarized in the charts which follow.

Affected Public: State Agencies, Camps and Other Sites and Households

Estimated Number of Respondents: 106,187

Estimated Number of Responses per Respondent: 6.417593

Estimated Total Annual Responses: 681,465

Estimate Time Per Response: 0.257373

Estimated Total Annual Burden: 175,392

Current OMB Inventory: 182,683 (Reporting burden only)

Difference (Burden Revisions Requested): -7,291

Refer to the table below for estimated total annual burden for each type of respondent.

Affected Public	Est. No. of Respondents	No. of Responses per Respondent	Total Annual Responses	Est. Total Hours per Response	Est. Total Burden
Reporting					
State Agencies	53	381	20,193	0.722441	14,588
Sponsors	4,754	2.80963	13,357	3.725527	49,762
Camps and Other Sites	791	1	791	.25	198
Households	100,589	2	201,178	.375	75,442
Total Estimated Reporting Burden	106,187	---	235,519	---	139,990
Recordkeeping					
State Agencies	53	131	6,943	.080000	555.4
Sponsors	4,754	91	432,614	.08	34,609
Camps and Other Sites	791	1	791	.3	237.3
Total Estimated Record keeping Burden	5,598	---	440,348	---	35,402
Total of Reporting and Recordkeeping					
	Est. No. of Respondents	No. of Responses per Respondent	Total Annual Responses	Est. Total Hours per Response	Est. Total Burden
Reporting	106,187	2.217965	235,519	.594388	139,990
Recordkeeping	5,598	78.66166	440,348	.0803952	35,402
Total	106,187	6.417593	681,465	.257375	175,392

Audrey Rowe
Administrator
Food and Nutrition Service

December 10, 2012
Date

FNS-418 and Instructions

FORM APPROVED OMB NO. 0584-0280
Expiration Date: XX/XX/XXXX

U.S. DEPARTMENT OF AGRICULTURE FOOD AND NUTRITION SERVICE REPORT OF THE SUMMER FOOD SERVICE PROGRAM FOR CHILDREN	1. STATE	4A. TYPE OF SUBMISSION ("X" ONE) A. <input type="checkbox"/> 30 - Day B. <input type="checkbox"/> 60 - Day <i>(Optional)</i> C. <input type="checkbox"/> 90 - Day D. <input type="checkbox"/> 90 - Day Revision No. _____ (1 = 1st rev, 2 = 2nd, etc.) E. <input type="checkbox"/> Closeout F. <input type="checkbox"/> Other _____	FOR FNS USE ONLY STATE CODE <table border="1" style="width: 100%; height: 20px; border-collapse: collapse;"> <tr> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33.33%; text-align: center;">CAL. YEAR</td> <td style="width: 33.33%; text-align: center;">MONTH</td> <td style="width: 33.33%; text-align: center;">TYPE</td> </tr> <tr> <td style="height: 20px;"></td> <td style="height: 20px;"></td> <td style="height: 20px;"></td> </tr> </table> FNS REGIONAL OFFICE USE <input type="checkbox"/> REVIEWED								CAL. YEAR	MONTH	TYPE			
	CAL. YEAR	MONTH	TYPE													
2. CALENDAR YEAR																
3. MONTH	4B. LAST REPORTING MONTH OF FISCAL YEAR?	DATE														
State Agency: Submit report according to the instructions 30 and 90 days following the month being reported. Send original to the Regional Administrator, Food and Nutrition Service.		<input type="checkbox"/> YES <input type="checkbox"/> NO														
		SIGNATURE OF FNS OFFICIAL														

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB Control Number for this information collection is 0584-0280. The time required to complete this information collection is estimated to average 2 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

PART A - MEALS SERVED

MEAL TYPE		TOTAL MEALS - ALL SPONSORS Report every month	
		SELF-PREP/RURAL SITES (A)	OTHER SITES (B)
BREAKFASTS	ACTUAL	5.	
	ESTIMATED	6.	
	TOTAL	7.	
LUNCHES	ACTUAL	8.	
	ESTIMATED	9.	
	TOTAL	10.	
SUPPERS	ACTUAL	11.	
	ESTIMATED	12.	
	TOTAL	13.	
SUPPLEMENTS	ACTUAL	14.	
	ESTIMATED	15.	
	TOTAL	16.	
TOTAL	ACTUAL	17.	
	ESTIMATED	18.	
	TOTAL	19.	

I CERTIFY that this report is true and correct to the best of my knowledge and belief.

20. SIGNATURE	21. TITLE	22. DATE SIGNED
	23. ADMINISTERING AGENCY	

FORM FNS-418 (07-12) Previous Editions Obsolete

SBU

Electronic Form Version Designed in Adobe 9.1 Version

NO FURTHER MONIES OR OTHER BENEFITS MAY BE PAID OUT UNDER THESE PROGRAMS UNLESS THIS REPORT IS COMPLETE AND FILED AS REQUESTED BY EXISTING REGULATIONS (7 C.F.R. 225)

PART B - COMMODITIES
(Complete for 90-Day report for last reporting month of the fiscal year.)

24. CUMULATIVE MEALS (All Types) ACTUALLY SERVED BY SPONSORS ELIGIBLE TO RECEIVE USDA DONATED COMMODITIES.
(If no sponsors are eligible to receive commodities, enter "X")

PART C - MEALS SERVED
(Complete according to instructions for July 90-Day Report Only)

MEAL TYPE (Actual Meals Served)	SCHOOL SPONSORS (A)	GOVERNMENT SPONSORS (B)	RESIDENTIAL CAMPS (C)	NATIONAL YOUTH SPORTS PROGRAM (D)	NON-PROFIT PRIVATE SPONSORS (E)	TOTAL (F)
BREAKFASTS 25.						
LUNCHES 26.						
SUPPERS 27.						
SUPPLEMENTS 28.						
TOTAL 29.						

PART D - PARTICIPATION - JULY 90-DAY REPORT ONLY

NO. OF SPONSORS 30.						
NO. OF SITES 31.						
NO. OF RURAL SITES 32. (Include in 31 above)						
ADA OF SPONSORS REPORTED LINE 30 33.						

34. REMARKS

INSTRUCTIONS

(All items self-explanatory unless noted below)

DEFINITIONS

1. "Actual" - Meals for which claims have been approved for reimbursement for the month.
2. "Estimated" - Projection of the number of meals that were served and are expected to be approved for reimbursement for which claims have not seem received or approved by the reporting due date.
3. "Total" - The sum of ACTUAL and ESTIMATED data.
4. "ADA" - SFSP average daily attendance rate (ADA) is calculated by taking the total number of meals served in a **sponsor's primary meal service (usually lunch)** during the claim period and dividing that number by the number of **operating or meal service days** for that claim period. This results in the ADA for a sponsor on an average day during the claim period.

TYPE OF SUBMISSION

- 4A. "30-Day Report" - Due in FNS Regional Offices on the last day of the month following the month being reported. This report may contain ACTUAL and ESTIMATED data.
- 4B. "60-Day Report" - A 60-Day Report is not required.
- 4C. "90-Day Report" - The 90-Day Report must be submitted to the FNS Regional Office within ninety days following the month being reported. This is a "final" report and must consist of ACTUAL data only.
- 4D. "Revised 90-Day Report" - Submit revisions to the latest 90-Day Report in accordance with FNS instructions.
- 4E. "Closeout Report" - Submit the Annual Financial Reconciliation (**Closeout**) of Program Grants Report in accordance with FNS instructions.
- 4F. "Other Reports" - Submit other reports in accordance with FNS instructions. Use the "Remarks" section if necessary to describe the purpose of the report.

PART A - (Lines 5-19)

Note: For each reporting month, complete Columns A and B.

COLUMN A

Enter the ACTUAL, ESTIMATED, AND TOTAL number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served in self-prep and/or rural sites operating under all sponsor types.

COLUMN B

Enter the ACTUAL, ESTIMATED, and TOTAL number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served in all other sites operating under all sponsor types.

PART B - (Line 24)

Complete for 90-Day Report for the Last Operating Month of the Fiscal Year

Sponsors eligible to receive commodities in the Summer Food Service Program are self-preparation sponsors and those sponsors which contract with a school or with a school district for the preparation of meals, and school food authority sponsors procuring meals from a food service management company as provided by Program regulations.

Report the total number of ACTUAL meals served by all sponsors **eligible** to receive USDA donated commodities whether or not those sponsors actually received commodities. This is a cumulative number of meals (all types) for the entire Summer Food Service Program. For summer camps, this would include both the reimbursable meals served to needy children and at the State's option, actual counts of non-reimbursable meals served to non-needy children. Submit this information on the 90-Day Report for the last operating month.

(EXAMPLE: If all meal service concluded in the month of August, then line 24 would be completed on the August 90-Day Report.)

PART C - (Lines 25-29)

Complete for July 90-Day Report ONLY

COLUMNS A-E

Enter the ACTUAL number of BREAKFASTS, LUNCHES, SUPPERS, AND SUPPLEMENTS served by each of the indicated sponsor types.

COLUMN F

Enter the total number of BREAKFASTS, LUNCHES, SUPPERS, and SUPPLEMENTS served by all sponsors.

PART D - (Lines 30-33)

Complete for July 90-Day Report ONLY

Line 30 - Enter the number of sponsors by type that operated during the month of July.

Line 31 - Enter the number of sites that operated under each sponsor type during the month of July.

Line 32 - Enter the number of sites from Line 31 which are rural sites. Include these sites on Line 31 above.

Line 33 - Enter the Average Daily Attendance (ADA) for each type of sponsor entered on Line 30 for the month of July. This is the sum of the average daily attendance figures reported by each type of sponsor.